

**CLAIMS ONLY**

**Application Number**

Application Number	101719598	Filing Date
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**Applicant(s)**

\* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		• May be used for additional claims or amendments			
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend
1	/						51	3		
2	/						52	3		
3	/						53	3		
4	/						54	3		
5	/						55	3		
6	/						56	2		
7	/						57			
8	/						58			
9	/						59			
10	/						60			
11	/						61			
12	/						62			
13	/						63			
14	/						64			
15	/						65			
16	/						66			
17	/						67			
18	/						68			
19	/						69			
20	/						70			
21	/						71			
22	/						72			
23	/						73			
24	/						74			
25	/						75			
26	/						76			
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28	/						78			
29	/						79			
30	/						80			
31	/						81			
32	/						82			
33							83			
34	/						84			
35	/						85			
36	/						86			
37	/						87			
38	/						88			
39	/						89			
40	/						90			
41	/						91			
42	/						92			
43	/						93			
44	/						94			
45	/						95			
46	/						96			
47	/						97			
48	/						98			
49	/						99			
50	/						100			
Total Indep							Total Indep	7		
Total Depend							Total Depend	66		
Total Claims							Total Claims	73		